



## **CONTRACT RENEWAL AGREEMENT No. 1**

**DEPARTMENT: Information Technology**

**BID/RFP NUMBER: 22ITBC1006B-PS**

**BID/RFP TITLE: Fulton County PC Refresh**

**ORIGINAL APPROVAL DATE: April 12, 2023**

**RENEWAL EFFECTIVE DATES: January 1, 2024 to December 31, 2024**

**RENEWAL OPTION #: 1 OF 2**

**NUMBER OF RENEWAL OPTIONS: 1**

**RENEWAL AMOUNT: \$1,500,000.00**

**COMPANY'S NAME: CDW Government, LLC**

**ADDRESS: 280 North Milwaukee Ave.**

**CITY: Vernon Hills**

**STATE: Illinois**

**ZIP: 60061**

**This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC DATE: 12-20-2023 BOC NUMBER: 23-0944**

**SIGNATURES: SEE NEXT PAGE**

**SIGNATURES:**

**Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein:**

**FULTON COUNTY, GEORGIA**

**CDW Government, LLC**

DocuSigned by:

*Robert L. Pitts*

**Robert L. Pitts, Chairman  
Fulton County Board of Commissioners**

*Anup Sreedharan*  
Anup Sreedharan (Jan 9, 2024 09:12 CST)

**Anup Sreedharan  
Sr. Manager Program Sales**

**ATTEST:**

**ATTEST:**

DocuSigned by:

*Tonya R. Grier*

**Tonya R. Grier  
Clerk to the Commission**

**(Affix County Seal)**

**Secretary/  
Assistant Secretary**

**(Affix Corporate Seal)**

**AUTHORIZATION OF RENEWAL:**

**ATTEST:**

DocuSigned by:

*Kevin Kerrigan*

**Kevin Kerrigan, CIO  
Information Technology**

*Carmen Castro*

**Notary Public**

**County:** Fairfield

**Commission Expires:** 02/28/2026




**ITEM#:** 23-0944 **RCS:** 12/20/2023  
**RECESS MEETING**


**ITEM#:** \_\_\_\_\_  
**REGULAR MEETING**

**Signature:**

**Email:**

**Signature:** 

**Email:** ContMgt@cdw.com

**Signature:** 

**Email:** ContMgt@cdw.com



# CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)  
09/29/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| <b>PRODUCER</b><br>Aon Risk Services Central, Inc.<br>Chicago IL Office<br>200 East Randolph<br>Chicago IL 60601 USA | <b>CONTACT NAME:</b><br>PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105<br>E-MAIL ADDRESS:<br><br><table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Lloyd's Syndicate No. 2623</td> <td>AA1128623</td> </tr> <tr> <td>INSURER B: The Phoenix Insurance Company</td> <td>25623</td> </tr> <tr> <td>INSURER C: The Charter Oak Fire Insurance Company</td> <td>25615</td> </tr> <tr> <td>INSURER D: Travelers Property Cas Co of America</td> <td>25674</td> </tr> <tr> <td>INSURER E: The Travelers Indemnity Co of CT</td> <td>25682</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Lloyd's Syndicate No. 2623 | AA1128623 | INSURER B: The Phoenix Insurance Company | 25623 | INSURER C: The Charter Oak Fire Insurance Company | 25615 | INSURER D: Travelers Property Cas Co of America | 25674 | INSURER E: The Travelers Indemnity Co of CT | 25682 | INSURER F: |  |
|--|--|-------------------------------|--------|---------------------------------------|-----------|--|-------|---|-------|---|-------|---|-------|------------|--|
| INSURER(S) AFFORDING COVERAGE  | NAIC #   |                               |        |                                       |           |  |       |   |       |   |       |   |       |            |  |
| INSURER A: Lloyd's Syndicate No. 2623  | AA1128623  |                               |        |                                       |           |  |       |   |       |   |       |   |       |            |  |
| INSURER B: The Phoenix Insurance Company   | 25623  |                               |        |                                       |           |  |       |   |       |   |       |   |       |            |  |
| INSURER C: The Charter Oak Fire Insurance Company  | 25615  |                               |        |                                       |           |  |       |   |       |   |       |   |       |            |  |
| INSURER D: Travelers Property Cas Co of America  | 25674  |                               |        |                                       |           |  |       |   |       |   |       |   |       |            |  |
| INSURER E: The Travelers Indemnity Co of CT  | 25682  |                               |        |                                       |           |  |       |   |       |   |       |   |       |            |  |
| INSURER F:   |  |                               |        |                                       |           |  |       |   |       |   |       |   |       |            |  |
| <b>INSURED</b><br>CDW Government LLC<br>230 North Milwaukee Ave<br>Vernon Hills IL 60061 USA                         |  |                               |        |                                       |           |  |       |   |       |   |       |   |       |            |  |

## COVERAGES

CERTIFICATE NUMBER: 570101925065

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|----------|--|-------------------------|-------------------------|---|
| B        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |           |          | 6605D53096A<br>see addendum  | 10/01/2023              | 10/01/2024              | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COMP/OP AGG \$2,000,000 |
| C        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY   |           |          | BA-6N190234-23-I3-G  | 10/01/2023              | 10/01/2024              | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)   |
| D        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION   |           |          | CUP6J53867923I3<br>SIR applies per policy terms & conditions                     | 10/01/2023              | 10/01/2024              | EACH OCCURRENCE \$5,000,000<br>AGGREGATE \$5,000,000<br>Retained Limit \$10,000   |
| E        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      | U88P79604A2351K<br>AOS<br>U88P8306872351R<br>AZ, MA, WI                          | 10/01/2023              | 10/01/2024              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE-EA EMPLOYEE \$1,000,000<br>E.L. DISEASE-POLICY LIMIT \$1,000,000                                     |
| A        | <b>E&amp;O - Miscellaneous Professional-Primary</b>  |           |          | W19A8C230901<br>Claims Made - Cyber<br>SIR applies per policy terms & conditions | 10/01/2023              | 10/01/2024              | Each Claim \$5,000,000<br>Aggregate \$5,000,000   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Fulton County Government, its Officials, Officers and Employees are included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies. General Liability and Automobile Liability policies evidenced herein are Primary and Non-Contributory to other insurance available to an Additional Insured, but only in accordance with the policy's provisions. A Waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability, Automobile Liability and Workers' Compensation policies. Should General Liability, Automobile Liability and Workers' Compensation policies be cancelled before the expiration date thereof, the policy provisions will govern how notice of cancellation may be delivered to Certificate Holder in accordance with the policy

## CERTIFICATE HOLDER

## CANCELLATION

|  |   |
|--|---|
| Fulton County Government<br>Attn: Purchasing Department<br>130 Peachtree Street, SW<br>Suite 1168<br>Atlanta GA 30303-3459 USA | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br>AUTHORIZED REPRESENTATIVE<br> |
|--|---|

Holder Identifier :

Certificate No : 570101925065



ADDITIONAL REMARKS SCHEDULE

|   |           |                                     |  |
|---|-----------|-------------------------------------|--|
| AGENCY<br>Aon Risk Services Central, Inc.             |           | NAMED INSURED<br>CDW Government LLC |  |
| POLICY NUMBER<br>See Certificate Number: 570101925065 |           |                                     |  |
| CARRIER<br>See Certificate Number: 570101925065       | NAIC CODE | EFFECTIVE DATE:                     |  |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Description of Operations / Locations / Vehicles:  
provisions of each policy.

**LOC #:**



## ADDITIONAL REMARKS SCHEDULE

Page \_ of \_

|   |           |                                     |
|---|-----------|-------------------------------------|
| AGENCY<br>Aon Risk Services Central, Inc.             |           | NAMED INSURED<br>CDW Government LLC |
| POLICY NUMBER<br>See Certificate Number: 570101925065 |           |                                     |
| CARRIER<br>See Certificate Number: 570101925065       | NAIC CODE | EFFECTIVE DATE:                     |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Commercial General Liability

Commercial General Liability

Policy# 6605D53096A

State and Insurer(s) Affording Coverage

|            |  |             |
|------------|--|-------------|
| california | Travelers Property Casualty Company of America | NAIC# 25674 |
|------------|--|-------------|

|           |                               |             |
|-----------|-------------------------------|-------------|
| All Other | The Phoenix Insurance Company | NAIC# 25623 |
|-----------|-------------------------------|-------------|





# Fulton County

## Legislation Details

**File #:** 23-0944      **Version:** 1      **Name:**  
**Type:** CM Action Item - Open & Responsible Government      **Status:** Passed  
**File created:** 11/2/2023      **In control:** Board of Commissioners  
**On agenda:** 12/20/2023      **Final action:** 12/20/2023  
**Title:** ??Request approval to renew an existing contract - Department of Information Technology, 22ITBC1006B-PS, Fulton PC Refresh Enterprise Workstation in an amount not to exceed \$1,500,000.00 with CDW Government (Vernon Hills, IL) to provide enterprise business class desktop personal computers (PCs), laptops, monitors and docking stations, specialty computing devices to include iPads, iMacs, Microsoft Surface Pros and supporting peripherals. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2024, through December 31, 2024. (APPROVED)

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. Exhibit 1 - CDW - Contract Renewal Evaluation, 2. Exhibit 3 - Performance Evaluation CDW, 3. Contract Renewal Agreement

| Date       | Ver. | Action By              | Action  | Result |
|------------|------|------------------------|---------|--------|
| 12/20/2023 | 1    | Board of Commissioners | approve | Pass   |